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The efficacy of narrative therapy and storytelling in reducing reading errors of dyslexic children

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Abstract

Narrative and stories in education have been the focus of increasing attention in recent years. The idea of narrative is fertile ground for adult educators who know intuitively the value of stories in teaching and learning. Narrative is deeply appealing and richly satisfying to the human soul, with an allure that transcends cultures, centuries, ideologies, and academic disciplines. The present study examined the efficacy of narrative therapy and storytelling in reducing reading errors of dyslexic children. Sample of 30 dyslexic 1st to 3rd graders were identified as dyslexia using the Dyslexia Checklist (Michaeli, 2006). The sample was administered the Wechsler Intelligence Scale for Children (WISC-R, 1974) and Diagnostic Reading Test (Bahari Gharahgoz, 2006) and randomly assigned to an experimental and a control group. During a five month period, the experimental group received twenty five, one hour sessions of individual training with the narrative therapy by counselor and storytelling by children. The control group received none. The two group pre-post tests of reading errors were compared using ANCOVA. The results revealed that, controlling for the intelligence variable, the application of narrative therapy accounted for a 60% reduction in reading errors.

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1. Introduction

Dyslexia is a language learning disorder that results in deficits in reading, spelling, and phonological (Balise, Black, Nussbaum, Oakland Stanford, 1998). Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the word level and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis for a staged process of assessment through teaching (British Psychological Society, 1999).

Miles and Miles (1990) suggest the following as possible indicators of dyslexia in primary age children. 1- confuses left and right, 2- difficulty in saying long words, 3- difficulty in subtracting, 4- difficulty in learning tables, 5- difficulty in saying months of the year, 6- confuses b and d for longer than most children, 7- difficulty in recalling

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digits, 8- family history of similar difficulties. Miles emphasises that a dyslexic child won't necessarily show all these difficulties and that a non-dyslexic child may well have problems with some of the items.

Given the difficulties in defining and identifying dyslexia, it is hard to come up with a precise estimate of the number of individuals with this impairment. The consensus among many researchers (Miles and Miles, 1990, Singleton and Thomas 1994) and organizations such as the British Dyslexia Association (Peer, 1994) is that at a conservative estimate 4 per cent of the population are severely dyslexic and another 6 per cent have mild to moderate dyslexia. This indicates that there will be one severely dyslexic child in each class. Until recently most researchers also reported a ratio of about three boys to every one girl with dyslexia.

Organising or learning difficulties affecting fine co-ordination skills and working memory skills. It is independent of overall ability and conventional teaching. When untreated there are significant limitations in the development of specific aspects of speech, reading, spelling, writing and sometimes numeracy—which may lead to secondary behavioural problems—although other areas of ability are unaffected (Riddick, 2003).

Children diagnosed with a learning disability are also often familiar with the individualising effects of having a disability, causing them to feel different or isolated from their peers (Witherell & Rodis, 2001). These experiences have been known to increase children's risk of constructing a negative self-concept (McGrady et. al., 2001), which can ultimately and significantly disturb their ability to socialise appropriately with others (Bowen & Glenn, 1998). Research suggests that students diagnosed with disabilities experience rejection from their peers, as they are often the victims of bullying (Heinrichs, 2003). The social problems experienced by these children, proved to be a common theme throughout the literature.

Singer (2007) believes that children diagnosed with dyslexia are at higher risk of intense emotional feelings of pain and sorrow. Consequently, the counsellor maintained a sensitive and respectful attitude while engaging with the child in this study.

Stacey (1997) suggests that the result of educational and developmental assessments has a very negative effect on the dominant narratives of students diagnosed with a learning disability. She notes that “these descriptions usually involve deficit-based terms that implicate their whole persons and encourage young people to develop a hopeless, defeatist lifestyle” (Stacey, 1997). The narrative therapist makes every effort to avoid such labelling or defining of clients by their problems; rather, clients are seen as resourceful, and their stories are appreciated and valued (Winslade & Monk, 1999).

Generally, Therapeutic play with children is an effective clinical intervention that has been successfully utilized by therapists for many years. Various techniques of play therapy have been used ranging from free play to structured projects with great therapeutic success. The narrative play therapy approach was privileged over child-centered play therapy and cognitive-behavioral play therapy for four distinct reasons. Firstly, children diagnosed with a learning disability rarely get invited into conversations that provide them with the space to express themselves freely (Rodis, Garrod, & Boscardin, 2001). Within the narrative approach, and similar to that of the child-centered play therapy approach, the child's perspectives are privileged, as children are understood to be the experts on their own lives (Morgan, 2000). Rather than making assumptions about the child's reality the narrative therapist remains curious, acknowledging the child's voice.

Secondly, narrative play therapy especially the story telling with felts with a multi-sensory approach, are empowered, as they are encouraged to combine auditory, visual, and kinesthetic element into learning task. Children experience the words with three basically sensors and so the children understand and learn better.

Thirdly, narrative play therapy is different from deficit approaches which focus on individuals' failings: the narrative approach is an optimistic approach as it is more interested in the achievements and successes in the child's life. Similar to child-centered play therapy, narrative play therapy assumes that individuals are skillful and competent, and that they have a multitude of values and abilities sufficient to manage their problems in life (Morgan, 2000). Because children diagnosed with a learning disability are often very familiar with their shortcomings, this shift in focus allows for the re-shaping and creating of a new identity, a new understanding of themselves and others in the world. Lastly, children respond positively to narrative therapy because the narrative framework appreciates and encourages children's playful attitude towards serious problems (Freeman, Epston and Lobovits, 1997). Children diagnosed with a learning disorder are able to approach their serious and traumatic experiences and understandings within the context of a light and playful space.

Story telling with felts is a narrative play therapy that uses the multi-sensory approach. Through the Story telling with felts, children can narrate their stories by using all their senses.

Most authorities considered that the key features of effective learning and teaching for children and young people with dyslexia should be multi-sensory, well structured and interactive and that they should raise self-esteem and be relevant and meaningful. A specific combination of visual, auditory, and kinesthetic learning might allow some students who struggle to read to become successful and retain the required information (Riggs, 2008).

Unfortunately, there is not a large amount of research focused on the effectiveness of play therapy or narrative therapy on dyslexia, but some research done in this regard are as follows: Topper (2010) found that the narrative play therapy is effective on self-esteem increasing of a boy who diagnosed as a learning disability, and also Crow (1994) indicated that low achiever children in reading who received play therapy scored significantly higher on the self-concept inventory than children in the control group.

Packman & Bratton (2003) examined the effectiveness of group play/activity therapy as a school-based intervention with fourth and fifth grade learning disabled preadolescents exhibiting behavior problems. Their study revealed that preadolescents who participated in group play/activity therapy demonstrated a reduction in problem behavior.

1.1. Purpose of the Study

This study was designed to examine the effectiveness of narrative therapy on dyslexic primary school children. In particular, one hypotheses was tested:

H1. Children in narrative therapy group would show more reading errors reduction compared to control group.

2. Method

2.1. Participants

Sample of 30 dyslexic 1st to 3rd graders in the city of Tabriz were identified as dyslexia using the Dyslexia Checklist (Michaeli, 2006). The sample was administered the Wechsler Intelligence Scale for Children (WISC-R, 1974) and Diagnostic Reading Test (Bahari, 2006) and 15 children randomly assigned to narrative therapy group and 15 children to control group.

2.2. Measures

Wechsler Intelligence Scale for Children—Third Edition-Revised.

The WISC-R is a commonly used measure of general intelligence for children ages 6 to 16 years. The WISC-III-R is organized into two scales (Verbal and Performance IQ) and a total score (Full Scale IQ). IQ and factor Index scores yield standard scores with a mean of 100 and a standard deviation of 15. The WISC-III is well standardized on a sample of 2,200 children who match the 1988 U.S. Census data and are representative of the U.S. population on a number of important demographic variables including race/ethnicity, geographic region, gender, age, and parent education. The average split-half reliability coefficients for IQ and Index scales are: .95 for the Verbal IQ, .91 for the Performance IQ, .96 for the Full Scale IQ, .94 for the Verbal Comprehension Index, .90 for the Perceptual Organization Index, .87 for the Freedom from Distractibility Index, and .85 for the Processing Speed Index (Kaufman & Lichtenberger, 2000).

Dyslexia checklist (micheli, 2006):

This checklist is designed by using the proposed signs of International Dyslexia Association and so according to the DSM-IV-TR. The reliability of test in Cronbach's alpha is 0.82, and test's validity was approved by 5 experts in special problems learning centers.

Diagnostic Reading Test (Bahari Gharahgoz, 2006)

This test is used to assessing reading's skill and number of reading's errors(omission, repetition, substitution),that includes 8subscales(words reading , text reading, words understanding , comprehension, visual memory, auditory memory, fractionated and compound).

Words reading , text reading, words understanding , comprehension belong to Reading skills field, and visual memory, auditory memory, fractionated, compound are in Developmental reading skills field.

The content validity of test was approved by teachers. The reliability of test in test-retest ranges from 0.68 to 0.96.

2.3. Procedure

Type of research method employed in this research was pre-test, post-test with control group. After choosing 30 children who had dyslexia according to the Dyslexia checklist, and also all students according to the scores of Wechsler Intelligence Scale for Children, were diagnosed as a normal children. They were assigned randomly to narrative therapy and control group. For narrative therapy group twenty five, 45-minute sessions of individual training was designed. The Diagnostic Reading Test was used for assessing the efficacy of narrative therapy on reading errors in pre-test and post-test.

The therapy started one week later after performing pre-test program. In experimental group, telling story with felts was used, but control group received no intervention.

In narrative therapy group, the story telling therapy with felts was used. Traditionally, one of the most popular physical mediums for storytelling adaptations has been flannel/felt board stories(Faurt,2009). Through the therapy therapist and children by using the story characters and letters which made of the paper or felt, narrated their story on the felt board. The sturdy board covered in soft, fuzzy flannel or felt onto which felt figures or pieces may be placed to illustrate a story or concept. The child narrated his or her stories with attaching the figures on the felt board, the counselor asked the child the names of story's figures or characters, and the child named the figures with loud sound and spelled, then the child attached the name of story's characters by using the felt made letters. This method with using the multi-sensory approach caused the dyslexic children could be overcome their reading problems and increased his/her self efficacy, in addition to the therapist be able to establish the friendly relationship with child through the narrative therapy session and helped them (Kaduson & Schaefer, 1998).

3. Results & Discussion

For analyzing and examining the hypotheses of research the ANCOCA was used for each subject separately, then mean, standard digression, adjusted mean, and η^2 for research group was obtained (narrative therapy, and control group)and are given in table 1&2.

Table 1: means, SD, adjusted mean.

	Narrative therapy group				Control group			
	Pre Test		Post Test		Pre Test		Post Test	
	M	SD	M	SD	M	SD	M	SD
Verbal intelligence	3.20	2.10	3.21	2.10	3.20	2.35	3.19	2.35
Performance intelligence	2.10	0.88	2.15	0.84	1.90	0.92	1.92	0.90
Reading's errors	3.50	1.58	1.10	0.99	3.45	1.26	3.46	1.28

Table 1: covariance analysis

	Adjusted mean		ANCOVA F (1,17)	η^2
	Narrative	Control		
Verbal intelligence	1.23	1.21	6.618	0.000
Performance intelligence	0.65	0.61	6.663	0.003
Reading's errors	0.49	2.71	33.076 *	0.60

*P<0.01

Notation: The multivariate F ratio was obtained by Wilks' lambda.

A one-way analysis of covariance (ANCOVA) was conducted. The independent variable was narrative therapy, and the dependent variables were verbal intelligence, performance intelligence, and Reading's errors. After analysis of covariance, comparisons of means should be done but since independent variable has two levels (narrative therapy and control group) there is no need to do post hoc. After controlling the effect of pre- test on post- test, adjusted means among two groups are reported in table 1. The results revealed that there is a significant relation between narrative therapy and Reading's errors ($p < 0.01$, $F(1,17) = 33.076$). The strength of the relationship between Narrative therapy and the Reading's errors was very strong, as assessed by partial η^2 , with the Narrative therapy accounting for 66 percent of the variance in dependent measure holding constant the Reading's errors. Also it is shown Reading's errors means in post-test(after controlling pre-test) among narrative therapy group is less than control group, in other words narrative therapy reduced Reading's errors. But there is no relationship between narrative therapy and verbal intelligence ($p = 0.17$, $F(1,17) = 6.618$), and also between narrative therapy and performance intelligence ($p = 0.09$, $F(1,17) = 6.663$).

According to these results, the hypothesis of research was supported very strongly. It means the narrative therapy reduces the numbers of reading's errors. This paper revealed that the narrative therapy approach has many benefits when working with such children. Because this approach focuses on the achievements of the child rather than on deficit focused models, it offers a new conceptualization of learning disorders that better meets the needs of such students. Rather than viewing the student diagnosed with a learning disability as the source of the problem, the narrative approach believes the label (learning disability) and the student's relationship to it is the problem. On the other hand, this kind of Narrative therapy (storytelling with felt), by using the multi-sensory approach and with specific combination of visual, auditory, and kinesthetic learning might allow some students who struggle to read to become successful and retain the required information .

References

- Bahari Gharahgoz, A. (2006). *Construction and standardization of diagnostic reading tests*. Tabriz: Practical Education Institute.(In Persian)
- Balise, R.R., Black, J.L., Nussbaum, N.L., Oakland, T., & Stanford, G. (1998). An evaluation of the dyslexia training program: A multisensory method for promoting reading in students with learning disabilities. *Journal of Learning Disabilities*, 31(2), 140-147.
- British Psychological Society, *Division of Educational and Child Psychology Working party Report*, 1999.
- Crow, J. (1994). *Play Therapy with Low Achievers in Reading*. Educational Resources Information Center(ERIC).
- Faurot, K.K. (2009). *Storytimes with flannel and felt boards*. Chicago: AMERICAN LIBRARY ASSOCIATION.
- Freeman, J., Epston, D., & Lobovits, D. (1997). *Playful approaches to serious problems*. New York: Norton.
- Heinrichs, R. R. (2003). A whole-school approach to bullying: Special considerations for children with exceptionalities. *Intervention in School and Clinic*, 38, 195-204.
- Kaduson, H. G., & Schaefer, C. E. (1998). *101 Favorite play therapy techniques*. New Jersey: Jason Aronson Inc.
- Kaufman, A., Lichtenberger, E. (2000). *Test Review: Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV)*. New York: The Psychological Corporation.
- McGrady, H., Lemer, J., & Boscardin, M. L. (2001). *The educational lives of students with learning disabilities*. In P. Rodis, A. Garrod, & M. L. Boscardin (Eds.), *Learning disabilities & life stories*. Boston, MA: Allyn & Bacon.
- Micheli, F. (2006). Processing model of phonology in normal and dyslexic boys of elementary school. *Journal of Research on Exceptional Children*, 4, 380-416.
- Miles, T.R. and Miles, E. (1990) *Dyslexia: A Hundred Years On*. Milton Keynes. US: Open University Press.
- Morgan, A. (2000). *What is narrative therapy?* Adelaide: Dulwich Centre Publication.
- Packman, Jill; Bratton, Sue C. (2003). A School-Based Group Play/Activity Therapy Intervention with Learning Disabled Preadolescents Exhibiting Behavior Problems. *International Journal of Play Therapy*, 12(2), 7-29.
- Peer, L. (1994) *Dyslexia: The Training and Awareness of Teachers*. Reading: British Dyslexia Association.
- Riddick, b.(2003) *Living with dyslexia*. London and New York: Routledge, (Chapter 1).
- Riggs, E. (2008). *Multi-sensory Approaches to Spelling and Reading Instruction for Students with Learning Disabilities*. A Master's Research Project, Faculty of the College of Education Ohio University.
- Rodis, P, Garrod, A., & Boscardin, M. L. (2001). *Learning disabilities & life stories*. Boston, MA: Allyn & Bacon.
- Singer, E. (2007). Coping with Academic Failure, A Study of Dutch Children with Dyslexia. *Dyslexia*, 14, 314-333.
- Singleton, C.H. and Thomas, K. (1994). 'Computerised screening for dyslexia'. In C.H.Singleton (ed.) *Computers and Dyslexia*. University of Hull: Dyslexia Computer Resource Centre.
- Stacey, K. (1997). *From imposition to collaboration: Generating stories of competence*. In C.Smith, & D. Nylund (Eds.), *Narrative therapies with children and adolescents* (pp. 221-254). New York: Guilford Press.
- Topper, K. (2010). *Narrative Play Therapy and the Journey of a Boy Diagnosed with a Learning Disability: A Case Study*. A Master's Research Project, Faculty of Social Science at the University of Fort Hare.

- Wechsler, D. (1974). *Wechsler Intelligence Scale for Children-Revised*. New York: The Psychological Corporation.
- Witherell, C. S., & Rodis, P (2001). "Shimmers of delight and intellect": *Building learning communities of promise and possibility*. In P. Rodis, A. Garrod, & M. L. Boscardin (Eds.), *Learning disabilities & life stories* (pp. 165-176). Boston, MA: Allyn & Bacon.
- Winslade, J., & Monk, G. (1999). *Narrative Counseling in Schools: Powerful and brief*. Thousand Oaks, CA: Corwin Press.